

CUSTOMER COMPLAINT FORM

Date _____

From: _____

Code _____

To: Code 0041

Subj: COMPLAINT, RE: MESSENGER AND ADMINISTRATIVE SUPPORT
SERVICES CONTRACT

Complaint: _____

Signature

FOR COTR USE ONLY

COTR VALIDATION

DATE: _____

NAME: _____

TIME: _____

CONTRACTOR INFORMED

DATE: _____

NAME: _____

TIME: _____

ACTION TAKEN: _____

FOLLOW-UP ACTION

DATE: _____

NAME: _____

TIME: _____

RESULTS. _____